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ABSTRACT

The final report of project TEACH, a project to identify and serve handicapped infants and preschoolers in Alaska, presents the program accomplishments organized by specific objectives within five major goals. The five goals are as follows (sample accomplishments within parentheses): to stimulate infant learning to the fullest extent (25 of 27 enrolled children are currently receiving services); to improve the parenting skills of the parents of children enrolled in TEACH (most parents successfully taught most of the assigned skills to their children); to establish programs to serve children in isolated communities of Central Alaska (18 referrals were received from remote villages); to coordinate services to young handicapped children (evaluation staffings were attended by representatives of nine different community agencies or services); and to provide opportunities for professional development for TEACH staff (weekly interdisciplinary meetings of staff were held). Charts detail program accomplishments. It is noted that continuation funding from the state of Alaska has been procured. (DB)

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PROJECT: TEACH

Administered by: Alaska Crippled Children & Adults

Fairbanks, Alaska

HANDICAPPED CHILDREN'S EARLY EDUCATION PROGRAM

GRANT NUMBER: G007701249

PROGRESS FINAL REPORT

July 1, 1979 to June 30, 1980

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project TEACH

Administered by
Alaska Crippled Children & Adults

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During our third year of operation we have been primarily concerned with continuing to provide services to handicapped children and their families and with procuring alternative sources of continuation funding. We have increased our staff by adding the services of a half-time speech clinician and by increasing our secretarial services to full-time. In March, we also added a quarter-time director. During the course of the year, all of our preschool and most of our professional staff have been able to enroll in special education courses designed to provide continuing education experiences or to take part in training sessions provided through WESTAR. We began to actively seek continuation funding in November 1979, and through the concerted efforts of our Board of Directors, our new executive director, and various influential members of the community, we obtained a grant from the state of Alaska to continue to provide services to young handicapped children and their families. The level of funding through this source will be high enough to enable us to expand our staff by adding additional disciplines and by increasing present part-time personnel to full-time.

Progress toward goals and objectives:

Goal 1: To stimulate infant learning to the fullest extent

Objective 1.1 To distribute screening information to the general public.

Accomplishments: In November of 1977 we developed our logo and designed the poster and pamphlet which describes our program services. The pamphlet is designed to include a rapid developmental screening checklist which can be filled out and mailed in to the address typed on the back. The posters have been placed in approximately twenty locations in Fairbanks and in several Bush villages. We took care to target locations for placement of posters in areas where the parents of young children would be most likely to notice them, for instance: in laundromats, shopping malls, hospital and clinic waiting rooms. The response to the pamphlet/poster dissemination idea has been difficult to evaluate. We have not received more than a handful of them as mail-in referrals, but we have received many inquiries into our program from persons whose interest was piqued by our display. We have also distributed a large number of pamphlets via the posters - nearly 3500 as of our last count. Most of the children referred to us have learned of the project, or are referred directly to us by physicians, public health nurses, or parents who have already been involved in our program.

Table 1a shows the number of referrals we have received during our three years of operation by referral source. (This table does not include children referred from Bush villages who will be discussed in Goal 3.).

Table 1a

Referral Source	First Year	Second Year	Third Year	Total
Physician/Pediatrician	9	10	12	31
Parent	2	9	5	16
ACCA/Speech Clinician	2	3	8	13
Public Health Nurse	3	7	0	10
Communicative Disorders Program	2	2	1	5
Social Services	0	3	0	3
Registered Physical Therapist	2	1	0	3
Registered Occupational Therapist	0	2	0	2
PHN/Alaska Native Health Service	0	1	0	1
Psychologist	0	0	1	1
Total	20	38	27	85

Table 1b lists these referrals by handicapping condition (we are identifying them by primary handicapping condition. Many of these children have multiple handicaps.)

Table 1b

Handicapping Condition	First Year	Second Year	Third Year	Total
Speech & Language Delay	5	12	15	32
Cerebral Palsy	5	9	4	18
Neurologically Impaired	5	5	1	11
Mental Retardation Syndrome	4	0	2	6
Behavior Disorder	1	3	2	6
Health Impaired	0	2	1	3
Hearing Impaired	0	1	1	2
Spina Bifida	0	2	0	2
Orthopedically Impaired	0	2	0	2
Developmental Delay, etiology unknown	0	1	1	2
Visually Impaired	0	1	0	1
Total	20	38	27	85

Tables 1a and b reflect the number of children retained in TEACH, or who were evaluated and referred to other programs. We did not collect data on the number of children referred to other programs because they were found to be inappropriate referrals until our third year. Three children over the age of three were referred to the Fairbanks North Star Borough School District. One child outside our service area was referred to Totline, an interagency referral service based in Anchorage, and two children were referred to the Handicapped Children's Program because their primary need was for financial assistance.

As can be seen by these figures, during the past three years we have enjoyed quite a wide referral base, and we have been involved with a varied caseload. We are particularly proud of the large number of physician referrals.

Objective 1.2 To inform the local child find of our program.

Accomplishment: We have not participated in local child find activities other than to establish contact with the school district personnel who are responsible for such activities. When appropriate, we steer the parents of school-aged children to child find when we receive referrals from them. When our children reach the age when they are eligible for school district services, we facilitate their entry into their programs through staffings, or by contacting appropriate school district personnel.

Objective 1.3 To provide a multidisciplinary team assessment for each referred child

Accomplishments: Soon after a child is referred to the program, an initial interview is scheduled with the parents. At this time program services are discussed, and the parents are given some idea of what to expect procedurally from that time forward. On the basis of information gathered at that time, the interviewer (usually the project coordinator) decides what kind of evaluation should be scheduled. For instance, a child with a neurological problem affecting his motor function may only need to be evaluated by physical and occupational therapy. Many children, however, are evaluated by the entire team. The parents also participate in this decision, and may either request more disciplines to participate in the evaluation, or refuse any kind of evaluation. Once the decision has been agreed upon, the evaluations are scheduled and the parents are given a copy of the program outline. (See attachment A). The program outline lists all of the evaluations the child has been scheduled for, complete with dates and times. The staffing is also scheduled at this time, and the parents are asked who they would like to have attend this meeting in addition to the evaluating team. The project coordinator is then responsible for inviting those persons requested by the parents and for informing the members of the evaluating team.

Of the twenty-seven children listed in Table 1, column 3, all but three have received a team assessment. The three not yet evaluated were referred to us too late during our third year and will be scheduled for evaluation as soon as the program gets under way with its new source of funding in July. In addition to initial evaluations, all children are re-evaluated at six month intervals. During our third year, thirty-three children received re-evaluations, eight of them were re-evaluated twice during the year. Table 2 shows the kinds of assessment provided by our staff and consultants, and the number of children who have received them. (Assessment of children involved in the Bush program will be discussed in Objective 3.2)

Table 2

	# of Children			
Kind of Assessment	Previously Reported	Re-assessments	Initial Evaluations	Total
Physical Therapy	67	27	11	105
Special Education	35	35	18	88
Occupational Therapy	53	21	9	83
Speech & Language	43	11	18	72
Psychology	36	0	1	37
Audiology	20	0	9	29
Total	254	94	66	414

In the past, each discipline wrote a separate report of their evaluation. However, recently to avoid duplication, and to simplify matters, we have started writing up a team evaluation to which all disciplines contribute. We also evaluate the child as a team to reduce the amount of time that the child has to spend in evaluation. If, after the initial valuation, it is discovered that other evaluations might be needed, these may also be scheduled.

Objective 1.4 Placement determination for each assessed child

Accomplishments: Following the evaluations, we held multidisciplinary staffings on nineteen of the twenty-four children who were assessed. We have scheduled staffings for three of the five children who have not had staffings. We were unable to hold staffings on two children because of difficulties scheduling the time, or because the parents did not feel that a staffing was necessary. (These children were not found to need an active on-going program.) In all other instances, the parents attended the staffings, and were the primary determiners of their child's placement. The staffings are intended to be the forum at which the evaluators discuss their findings, and where all participants discuss what they feel are the child's needs. Based on these discussions, we determine what kind of services need to be provided and in what setting or settings they can best be provided. Once the child's placement is decided upon, they are noted on a typed summary of staffing report, and copies are sent to all participants. We have found that the staffings provide the parents with an opportunity to discuss our finding with the child's physician, which helps us to present an involved unified approach to the child's problems. Staffings are also held after six month re-evaluations. In addition, at the time of the staffing, a primary teacher/therapist is assigned who then becomes responsible for implementing the child's program and developing the IEP. Table 3 lists the kinds of placement available in TEACH, and the number of children currently placed in each.

Table 3

Kind of Placement	# of Children
Preschool	15
Home-based	7
Home-based + Preschool	5
Non-placement	5
Total	32

Five children are currently not in an active, on-going program. Four of these children were found to be functioning at or near a normal level. Their parents were given suggestions for activities to be worked on in the home and were told that they will be re-evaluated at six-month intervals to monitor their progress. Most of these children are still at risk to develop some learning problems in the future, and although we feel that it is important to continue to check their developmental progress, we feel confident that the home situation is rich enough to provide the child with adequate stimulation. In one case, the family was unwilling to cooperate with an active program but did want to take advantage of periodic re-evaluation. In all five cases, if re-evaluation reveals a need for more intensive programming, program services can be made available.

Table 4

Child #	DX	# Months Between Evaluations	Gain Scores on Alpern-Boll (In Months)					IQ Equivalency		
			Phys	Self-Help	Social	Academic	Comm.	Pre	Post	Level of Participation
1	Neuro Imp. (Severe)	6	2	4	8	3	6	60	58	A
3	Speech & Lang. Delay	6	16	22	16	18	12	69	105	C
5	Neuro Imp. (Moderate)	5	14	14	16	12	14	83	106	C
6	C.P. (Severe)	24	14	22	24	18	14	46	64	C
7	Neuro Imp. (Moderate)	14	14	20	24	14	10	100	100	C
8	Speech & Lang. Delay	6	16	22	14	12	18	100	100	B
11	C.P. (Severe)	19	14	20	24	23	24	83	103	C
12	Behavior Problem	6	10	16	12	17	14	58	100	C
13	C.P. (Severe)	25	12	22	20	16	10	73	65	B
14	C.P. (Mild)	7	14	2	10	2	4	115	100	C
16	Neuro Imp. (Mild)	5	6	8	10	3	2	90	80	D
17	C.P. (Profound)	8	0	0	2	2	4	33	32	B
20	M.R. (educable)	18	20	20	28	22	30	75	100	C
21	Neuro Imp. (Moderate)	3	4	4	2	0	0	62	50	C
30	Neuro Imp. (Severe)	20	4	8	6	6	8	60	43	A
32	Emotionally Disturbed	5	10	14	10	12	8	75	97	B
33	Spina Bifida	11	6	4	18	8	14	108	97	B
34	Emotionally Disturbed	5	0	10	12	10	10	69	86	C
35	Neuro Imp. (Moderate)	7	8	16	16	9	10	36	60	B

Table 4 Con:'d

Child #	DX	# Months Between Evaluations	Gain Scores on Alpern-Boll (In Months)					IQ Equivalency		
			Phys	Self-Help	Social	Academic	Comm.	Pre	Post	Level of Participation
36	C.P. (Mild)	19	16	20	28	23	28	107	115	B
37	Neuro Imp. (Moderate)	19	18	26	28	23	24	64	95	B
38	C.P. (Severe)	9	4	6	0	5	0	67	60	A
41	C.P. (Moderate)	7	2	10	8	5	8	94	87	A
43	C.P. (Moderate)	16	12	16	16	15	18	79	86	B
45	Speech & Lang. Delay	6	12	14	12	12	12	80	100	C
47	Speech & Lang. Delay	5	6	12	16	12	6	108	125	B
48	Neuro Imp. (Mild)	12	6	8	10	10	10	129	110	B
49	Ortho Imp. (Mild)	7	6	8	12	6	10	150	116	B
52	C.P. (Moderate)	12	4	10	14	17	18	95	110	C
53	C.P. (Moderate)	6	6	8	8	8	8	100	110	A
60	Sp. & Lang. Delay	3	6	6	8	9	10	82	100	C
61	C.P. (Severe)	12	6	8	10	8	4	82	72	C
62	Speech & Lang. Delay	3	6	4	6	8	8	94	108	C
63	Ortho Imp. (Mild)	6	6	10	2	4	8	100	92	D
64	Health Impaired	6	8	14	10	9	6	100	114	D
65	Spina Bifida	9	4	12	10	16	10	104	124	C
66	Developmental Delay	5	4	6	6	3	4	90	83	D
67	Emotionally Disturbed	9	8	16	14	10	8	85	90	C

Table 4 Cont'd

Child #	DX	# Months Between Evaluations	Gain Scores on Alpern-Boll (In Months)					IQ Equivalency		
			Phys	Self-Help	Social	Academic	Comm.	Pre	Post	Level of Participation
68	C.P. (Mild)	7	6	6	8	4	6	133	110	A
71	Speech & Lang. Delay	5	6	6	10	6	12	97	100	C
72	Speech & Lang. Delay	4	6	8	6	8	4	73	88	B
74	Neuro Imp. (Moderate)	8	12	26	12	14	4	78	103	C
75	Speech & Lang. Delay	7	8	20	4	8	2	86	91	A
76	Speech & Lang. Delay	7	10	2	10	8	12	107	108	C
79	Speech & Lang. Delay	3	6	8	4	5	12	82	89	C

Level Of Participation:

A = Limited participation, less than 50%
B = Less consistent than we would like, about 75%
C = Very consistent participation
D = Non placement, not in formal program, but re-evaluated regularly

Objective 1.5 To provide appropriate programs for each child retained in TEACH

Accomplishments: Of the twenty-seven children currently in active programs (not including children in non-placement) all have had individual education plans (IEP'S) developed for them. IEP'S are developed with input from all appropriate staff members and with the input and approval of the child's parents. All except two children have been started in an appropriate program, which might consist of weekly home-based visits, or pre-school attendance two or three days per week. These children will be placed in preschool in July. When necessary or appropriate, preschool placement may be supplemented by home visits by one or more other staff members. For instance, for children whose primary disability is physical, our physical therapist usually makes weekly home visits to supplement the gross motor program and physical therapy services provided during preschool sessions. On several occasions our speech clinician has set up individual parent training sessions to augment the language program of the preschool to ensure effective carry-over of speech and language stimulation in the home. (See also child performance data in Table 4.)

Objective 1.6 Monitor child placements

Accomplishments: Formal re-assessment of each child's progress has been performed at six-month intervals. However, in several instances re-assessment has been delayed or performed earlier than at six months. We occasionally wish to effect a change in placement or program before he would normally be scheduled or the child is not available for assessment when scheduled. In addition to the formal written evaluations performed by our staff, we also assess the child's performance using the Alpern-Boll Developmental Profile. Table 4 shows child performance data for all children who have been re-assessed during our three years of operation (excluding children included in the Bush program who will be discussed in Objective 3.5). Table 4 reflects child performance as of their most recent evaluation.

See Table 4

Discussion: The Alpern-Boll Developmental Profile evaluates child performance in five different areas of development. In order to understand Table 4, the gain scores represented reflect the change in scores in all five areas of development as measured in months and should roughly reflect the number of months between evaluations. For instance, if there have been eighteen months between evaluations, the gain scores in all five areas of development should also be close to eighteen months. It should be noted that many children come in to our program functioning at a very high level in some areas of development so that over a short period of time they may not appear to make very much progress in these particular areas over a six-month period. However, over an eighteen-month period their scores in these areas will show normally expected gains. The I.Q. equivalency scores can be helpful in these cases to determine how close to normal the child is functioning. It is also important to note the child's diagnosis to evaluate his performance. For instance, it is most important to check the gain scores in communication development of children with speech and language delays. It is also interesting to note their I.Q. equivalency scores as a measure of their improvement in language skills. Gain scores in physical development are most significant for children with cerebral palsy, neurological impairment, and orthopedic impairment, particularly those with mild or moderate involvement.

Obviously, we are also very concerned with all areas of development for all children, and we are quite proud of the gains that our children have made regardless of their handicapping condition. In order to better evaluate the effectiveness of the program, we have added a level of participation score which is intended to reflect amount of contact that we have had with the child and his family or the level of consistency of his involvement with our program. In general, our data suggests that our program has been effective in improving the performance of all children. Obviously, the more severely involved children show less gain than the more fortunate children. However, we feel that the data indicates that even the more severely involved children show significant gains when their level of participation is high. Conversely, if the level of participation is low, their gain scores are substantially lower. Children who are mildly involved, or whose diagnoses are less severe, appear to do well regardless of the level of their participation, and may even do well in non-placement. It is interesting to note that children with speech and language disorders show substantial improvement in all areas of development. In view of the fact that these children are seen primarily in preschool placement, we feel that their gain scores are indicative of our excellent total preschool program which concentrates on the total child.

Changes in Placement: In most cases, children leave our program when they reach the age of three or when it is determined that they no longer require a program. Two children were referred to the school district before they reached the age of three because it was determined that their needs could better be met with their services. In many cases, when a child is reaching the age of three in the late spring, they remain in our program through the summer rather than moving into the school district programs because of the disruption that would be caused due to the fact that the school district does not provide services during the months of June through August. We facilitate the entrance of our children into other programs by informing the parents of programs available and encouraging them to investigate the programs that their children will be most likely to enter. We also provide these other programs with information that they will need to plan for the possible entrance of our children into their programs. If necessary, we hold staffings with representatives of these programs, particularly the school district, to help our parents facilitate their child's entrance into other programs, and to provide them with an opportunity to discuss their child's needs with them. Changes in placement also occur within our program. Basically, children are admitted to our preschool program when they reach the age of two. We occasionally place children in the preschool program before the age of two if we feel that their needs can better be met with this type of placement. In general, however, we feel that children under the age of two benefit most from home-based services.

Table 5 shows the number of children who have left our program during our three years of operation. As can be seen, many children are referred to other programs, and others have moved or dropped out of the program. Several children have not needed services after leaving our program.

Table 5

	First Year	Second Year	Third Year	Total
FNSB School District Programs	1	6	14	21
Needed No Program	0	4	5	9
Moved Out of Our Area	1	3	2	6
Headstart	0	4	0	4
Infant Learning Program	2	1	0	3
Dropped Out	1	2	0	3
Deceased	0	0	2	2
Total	5	20	23	48

Goal 2: To improve the parenting skills of the parents of children enrolled in TEACH

Objective 2.1 To inform the parents as to the nature of their child's handicapping condition

Accomplishments: Since a change in policy during our second year after which we have invited parents to our multidisciplinary staffings, parents have been advised of their child's developmental status and/or handicapping condition during the staffing. Thereafter the assigned primary teacher/therapist continually strives to augment the parents' knowledge of their child's progress, and to answer any questions that may arise in regard to their child's condition. Parents are encouraged to ask questions of all staff members, and we have found that they ask meaningful questions not only regarding their own child, but about other children involved in our program as well. We have found that the staffings which follow initial and re-evaluations are the best forum for answering questions and providing parents with information about their child. Parents are also provided with copies of all our written reports and program materials. We also share reference materials concerning various disabilities or new treatment techniques when appropriate or when requested. On several occasions we have informed parents of lectures or conferences which address subjects of interest to them or relating to their child's condition. In general, we have been impressed with the level of interest and knowledge that our parents have with regard to their child's special problems, particularly once they become more comfortable about discussing them with us.

Objective 2.2 To teach the parents to be better teachers/therapists of their own children

Accomplishments: All parents are asked to work on specific tasks in the home. Parents of children enrolled in the preschool are asked to work on tasks that will not be worked on during preschool sessions. In addition, during preschool, parents are encouraged to work with their children or with other children on specific tasks and to intervene when children are having difficulties (modify behavior). Several of our parents participate so well in preschool activities that we utilize tham as auxillary aides. This enables us to give more individualized services to our children by providing us with more adult attention.

Table 6 shows the number of skills taught by parents in the home per the number of tasks assigned. (This data has only been collected since January 1979 so it does not reflect parent teaching activities prior to that time.)

Table 6

Parent Training

Child #	Assigned	Accomplished
6	34	29
7	20	19
11	16	15
13	17	11
20	16	14
30	7	1
32	23	19
33	22	16
34	15	15
35	10	10
36	18	16
37	47	41
38	5	4
41	11	11
43	32	27
45	26	20
47	19	10
49	6	6
52	35	34
53	8	1
55	16	16
58	4	0
60	12	6
61	18	15
62	11	2
65	16	16
67	30	30
68	6	6
69	13	8
71	38	38
72	37	34
74	44	29
75	38	23
76	54	42
83	11	11
88	28	19
90	29	20
92	21	9

In addition to skills assigned to be accomplished at home, parents are given copies of pertinent training materials and directed to appropriate reference materials relating to their child's specific problem areas. When available and appropriate, the staff utilizes films to disseminate information to parents and to stimulate discussion. (These are shown primarily during parent training sessions at preschool.) We have utilized video tapes for parent training. We occasionally film preschool sessions to be shown to parents who are unable to attend preschool with their children. We have found this particularly helpful to involve fathers in their child's preschool program. We have also utilized video tapes of parent/child interactions to instruct various behavior modification techniques. Our speech clinician conducted a short course in speech and language development for a group of parents, and our physical therapist did the same for a group of parents interested in gross motor development.

Objective 2.3 To provide support to parents of TEACH children through interaction in a group setting

Accomplishments: During our three years of operation we have had difficulty in enlisting and sustaining parent involvement in our parent group. During the summer months we have had some success by scheduling group picnics. During our third year we scheduled three evening meetings. We invited a local pediatrician to discuss cerebral palsy. Six parents attending representing five families. Another meeting was an attempt to encourage parent input into planning for continuation funding strategies. Four parents attended this meeting. During the second half of this year, several of our parents decided to establish a parent group composed primarily of parents involved in or who have been involved in our program. Their parent group is intended to be an advocacy group to monitor programs for handicapped children. They also intend to be a support group for parents. Another objective is to influence legislation affecting programs for young handicapped children. Since this group has wished to remain separate from our agency, we do not have any information to report on their activities. However, we heartily support their intentions.

Parents continue to receive copies of all our performance reports which have been submitted to our funding agency to keep them informed of all our activities. Parents are also provided with an opportunity to comment on their assesment of our services by filling out a program evaluation form whenever they change placement within our program or when their child leaves our program.

Goal 3: To establish programs to serve children in isolated communities of Central Alaska

Objective 3.1 To develop screening procedures for children in the Bush

Accomplishments: We have met with representatives from the Alaska Native Health Service, Tanana Chiefs Conference, and with itinerant public health nurses to discuss the availability of our services and to explain the best procedure for referral of children. We have also met with the village health aides in Bush communities which we currently serve to share information about the children we are serving in their village and to discuss our program services. When possible, we have also left screening materials with the village health aides. During our three years of operation we have received eighteen referrals from Bush villages. Table 7 lists these referrals by handicapping condition and referral source.

Table 7a

Handicapping Condition	1st Year	2nd Year	3rd Year	Total
Speech & Language Delay	0	5	1	6
Health Impaired	2	0	1	3
Cerebral Palsy	1	0	1	2
Mental Retardation Syndrome	1	0	1	2
Emotionally Disturbed	1	0	1	2
Developmental Delay, etiology unknown	0	2	1	3
Orthopedic Impairment	0	1	0	1
Total	5	8	6	19

Table 7b

Referral Source	1st Year	2nd Year	3rd Year	Total
Itinerant Public Health Nurse	1	4	1	6
Pediatrician	3	0	2	5
Social Services	0	2	0	2
ACCA, speech clinican	0	1	1	2
Delta Junction school district	1	0	0	1
ANHS, public health nurse	0	1	0	1
Infant Learning Program, Ketchikan	0	0	1	1
Tanana Chiefs Conference	0	0	1	1
Total	5	8	6	19

Objective 3.2 To provide a multidisciplinary team assessment for each referred child

Accomplishments: Of the six new referrals this year, all but one have been assessed. The child who has not yet been assessed will be evaluated as soon as positive contact can be made with his family. In addition, one child who was referred late during the second year has been assessed. Five children received six-month re-evaluations. Children are either brought in to Fairbanks for evaluation, or if possible, are evaluated by our staff in their own village. We prefer to provide the evaluation in the child's village, but many times it is not possible to send the necessary number of staff members to the village because of cost and time constaints. It is also difficult to bring along the necessary equipment and materials to properly evaluate the child.

Table 8 shows the kinds of assessment provided by our staff and consultants, and the number of children who have received them during our three years of operation.

Table 8

Kind of Assessment	1st Year	2nd Year	3rd Year	Total
Physical Therapy	4	10	6	20
Speech & Language	2	11	3	16
Occupational Therapy	5	4	4	13
Special Education	0	2	7	9
Psychology	2	1	1	4
Audiology	2	0	1	3
Total	15	28	22	65

Objective 3.3 Placement determination for each assessed child

Accomplishments: Of the six children evaluated this year, one was found to be functioning near a normal level. Three children have remained in our program from previous years. We, therefore, currently have eight children in active placement. They are seen at least on a monthly basis in their homes in their village. One child with a diagnosis of cerebral palsy is seen twice monthly in her home, and in addition her mother brings her in to Fairbanks several times a week for therapy. They come in from a village accessible to Fairbanks by highway (a distance of about 98 miles).

Objective 3.4 Provide appropriate program for each child placed

Accomplishments: Following evaluation, parents are de-briefed either at a staffing or during the next visit to their village. We have found that it is usually quite difficult to schedule staffings for Bush children, particularly if the child has been evaluated in his village. It is also difficult to schedule staffings that are convenient for all agencies that are involved with the child and his family. Most personnel involved with services to Bush families have extensive travel schedules which make it very difficult to find a time that is convenient for all involved. We therefore find that we are forced to coordinate our services through written reports or telephone conversations. We have been able to hold staffings on three of our children this year. IEP's are developed either at the time of the evaluation, or during a period of time between the evaluation and the first trip to the village. Parents share in the development of the IEP, and are given copies of all written reports. In addition to the Bush trips scheduled by our staff, we try to augment the child's program by providing the family with taped materials or other typed materials which are probably not available in the village. We also attempt to communicate extensively through the mail. (See child performance data in Table 9)

Objective 3.5 Monitor child placements

Accomplishments: Re-evaluations are to be scheduled at six-month intervals. However, we have found that occasionally it has been difficult to perform re-evaluations at precisely six-month intervals because of the difficulties of scheduling travel time. We have collected data on six Bush children, and their performance as measured by the Alpern-Boll is reported in Table 9.

See Table 9

Goal 4: Coordination of services to young handicapped children

Objective 4.1 To involve as many different agencies in the service to TEACH children as possible

Accomplishments: Following evaluations staffings are held to which we invite representatives of all appropriate agencies which may be involved with the families being staffed. Table 10 indicates the agencies invited to our staffings, and the frequency which they attended.

Table 9

Child #	Diagnosis	# Months Between Evaluations	Gain Scores on Alpern-Boll (In Months)						
			Phys	Self-Help	Social	Academic	Comm.	Pre	Post
2	Cerebral palsy severe	7	2	6	8	7	8	55	63
9	MR, educable	24	24	24	22	19	16	62	73
18	Health Impaired	16	14	24	22	20	18	55	96
46	Speech & Lang Delay	5	10	2	8	6	10	90	94
50	Devel. Delay	8	8	8	8	9	6	86	103
55	Speech & Lang Delay	13	20	16	16	14	16	106	108

Table 10

	Invitations	Attendances	Percentage
Pediatricians/physicians	48	28	58
Fairbanks Mental Health Clinic	41	41	100
Fairbanks Health Center (PHN)	26	19	73
FNSB School District	17	16	94
Infant Learning Program	11	7	64
Social Services	7	7	100
Headstart	6	4	67
Tanana Chiefs Conference	2	2	100
Alaska Native Health Service	1	1	100
Total	159	125	79%

In addition, many of our children and families are involved on an on-going basis with these same agencies, regularly receiving services from them. With the parents' permission we are able to share information with these agencies regarding our involvement with these familes which better enables us to coordinate our services to them. Table 11 lists these agencies and the number of children who have received services from them.

Table 11

Agency	# of children
Public Health Nursing	37
Communicative Disorders Program	19
Handicapped Children's Program	13
Social Services	12
Infant Learning Program	11
Alaska Native Health Service	7
Tanana CHiefs Conference	4

Objective 4.2 To bring together influential individuals from other agencies that serve young handicapped children

Accomplishments: Our advisory board met formally during our first and second years. We did not schedule any meeting during our third year. Members of the advisory board have served us substantially during our three years of operation by providing us with helpful information and by helping us to establish contact with the agencies which they represented. They were contacted when we were initially seeking continuation funding for suggestions to help.

Goal 5: To provide opportunities for professional development for TEACH staff

Objective 5.1 To share content information across disciplines

Accomplishments: Our staff, consisting of professional staff and preschool aides, meets weekly to discuss project activities, new referrals, and individual case plans. Meetings last generally 1½ hours, and provide us with an opportunity to communicate across disciplines. We also usually firm up therapy approaches and attempt to establish goals for each child's therapy program. Attendance is mandatory and we find that we have not had a problem with attendance once a weekly time has been established.

We find that we have learned a great deal from each other. In addition, preschool staff meets weekly to discuss preschool activities.

Objective 5.2 To encourage professional growth of TEACH staff

Accomplishments: In addition to conferences and programs discussed in past reports, our staff has actually sought opportunities for obtaining new and up-to-date information in our field. The Occupational Therapist and the Physical Therapist attended the joint annual OT/PT state conference offered by the state professional association. This provided an opportunity to meet other OT's and PT's within Alaska to discuss other infant programs in the state, as well as offering a two day lecture program. Our OTR attended a three day orthopedic symposium in Chicago. She also attended a three day Child Protection Task Force conference on abuse and neglect which was presented here in Fairbanks. Our preschool teacher attended a summer program at the University of Alaska, Fairbanks, sponsored by the continuing education program, on Behavior Modification techniques. Our project coordinator attended the BEH project director's conference in Washington, DC in December. Our OTR and teacher observed the Infant Training Program at EEU in Seattle for four days. Our preschool teacher attended the three day training session in Infant Programming at the Child Neurology Clinic in Portland, Oregon.

Objective 5.3 To provide orientation to TEACH program and staff for all newly hired staff

Accomplishments: Two new staff members were hired during our third year. Both were debriefed concerning program goals and objectives during the first few weeks of their employment. This process continues through discussions at staff meetings.